

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J39656

FILED
Jan 20, 2005
Secretary of State

Entity Name: DOUBLE MM HOME SALES, INC.

Current Principal Place of Business:

2561 W ORANGE BLOSSOM TRAIL
APOPKA, FL 32712 US

New Principal Place of Business:

25115 ALAMANDA DRIVE
ASTATULA, FL 34705 US

Current Mailing Address:

2561 W ORANGE BLOSSOM TRAIL
APOPKA, FL 32712 US

New Mailing Address:

25115 ALAMANDA DRIVE
ASTATULA, FL 34705 US

FEI Number: 59-2728634

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCLAY, MAUREEN E
30912 MISSION AVE
TAVARES, FL 32778 US

Name and Address of New Registered Agent:

MCLAY, MAUREEN E
14017 ROSERUSH CT
ASTATULA, FL 34705 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MAUREEN E. MCLAY

01/20/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: MCLAY, MAUREEN E
Address: 30912 MISSION AVE.
City-St-Zip: TAVARES, FL 32778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: MCLAY, MAUREEN E
Address: 14017 ROSERUSH CT
City-St-Zip: ASTATULA, FL 34705

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAUREEN E. MCLAY

PRES

01/20/2005

Electronic Signature of Signing Officer or Director

Date